

DOCUMENT RESUME

ED 292 264

EC 202 046

AUTHOR Baladerian, Nora J.; And Others
TITLE Survivor: For People with Developmental Disabilities, Who Have Been Sexually Assaulted. Booklet III: For Family Members, Advocates and Care Providers. Special Edition.
INSTITUTION Los Angeles Commission on Assaults Against Women, CA.
SPONS AGENCY California Communication Foundation, Los Angeles, CA.
PUB DATE 86
NOTE 41p.; For booklet 1, see EC 202 045.
AVAILABLE FROM Los Angeles Commission on Assaults Against Women, 534 North Fairfax Ave., Los Angeles, CA 90036 (free).
PUB TYPE Guides - Non-Classroom Use (055)
EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Advocacy; Confidentiality; Coping; Counseling; Crisis Intervention; *Developmental Disabilities; Disclosure; Emotional Adjustment; Family Involvement; *Helping Relationship; Intervention; *Parent Role; Prevention; Psychotherapy; *Rape; Safety; *Sexual Abuse; Training Methods; Victims of Crime
IDENTIFIERS California (Los Angeles)

ABSTRACT

This is the third in a series of booklets written to assist developmentally disabled people who have been sexually assaulted. This booklet is designed for family members, advocates, and care-providers, to help them in assisting someone through a sexual assault crisis or in teaching clients about prevention and safety measures. The booklet defines many assault-related terms and notes statistics on incidence. Information is provided on the following topics: warning signs of the occurrence of an unreported sexual assault; symptoms of rape trauma syndrome; how to respond to a sexual assault disclosure; steps to take following the disclosure; confidentiality; reporting requirements; police, hospital, and court procedures; cost reimbursement; and understanding the feelings of the individuals involved. The guide concludes with telephone numbers for rape hotlines in the Los Angeles area and a directory of individuals and mental health centers that counsel sexual assault survivors with disabilities. (JDD)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as
received from the person or organization
originating it.

☐ Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official
OERI position or policy.

EC 202046

"PERMISSION TO REPRODUCE THIS
MATERIAL IN MICROFICHE ONLY
HAS BEEN GRANTED BY

Lawrence
Jackson

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

SURVIVOR is a series of booklets written for people who have been sexually assaulted. These booklets have been created and produced by members and friends of Los Angeles Commission on Assaults Against Women (LACAAW).

This version has been written for, and with the help of, people with developmental disabilities, and also with the help of those who care for them. This booklet is **Booklet III** of a three-companion set:

Booklet I is for people who understand best with few words and is to be read with a care-provider.

Booklet II is for those with at least fourth grade reading skills.

Booklet III is for family members, advocates and care-providers.

This special three-part edition has been written by Nora J. Baladerian, Ph.D., in collaboration with Krysia Dankowski and Tawnya Jackson of the Los Angeles Commission on Assaults Against Women. Ms. Baladerian is a psychologist at the Beverly Hills Counseling Center and the Dubenoff Day Treatment Center for severely emotionally disturbed and abused adolescents, Chair of Los Angeles Committee on Abuse of Disabled Persons and First Vice-President on the State Committee on the Sexuality of the Developmentally Disabled. Krysia Dankowski is the former Hotline and Prevention Coordinator for LACAAW and is currently in a graduate program at the University of Southern California, School of Social Work. Tawnya Jackson is LACAAW's Intervention Project Director and **SURVIVOR** Project Coordinator.

This project was made possible by a grant from California Community Foundation.

Illustrations were produced and donated by Larry Mayer.

© LACAAW. 1986

For the Caretaker of Persons with Developmental Disabilities

We hope that this booklet is helpful to you in assisting someone through a sexual assault crisis, or in teaching clients about prevention and safety measures in the event of an attempted assault. The purpose of this booklet is to provide a familiarity with sexual assault and its treatment in order that victims can become survivors—with the greatest amount of **informed** support from their advocates and caretakers as is possible.

This booklet is part of a companion set and as such is intended to assist you in helping the readers of Booklets I and II. There are symbols which appear in all three companion booklets. They can be used to identify the corresponding section in each booklet.

Contents

Corresponding Symbol		Page
	Introduction	1
	Definitions	1
	Statistics	3
	Warning Signs	4
	Rape Trauma Syndrome	4
	How to Respond to a Disclosure	5
	If You Are the First Person She Tells	5
	Confidentiality: Who Should Be Told and By Whom?	6
	Reporting Assaults:	8
	- What to Report	
	- Who Must Report?	
	- Who May Report?	
	- Where to Report	
	- Why Report?	
	- I Am Not Sure If a Report Should Be Made	
	- What If I Am a Professional Care-Provider and I Do Not Report?	
	The Police:	10
	- Reporting the Assault	
	- The Survivor's Rights and Law Enforcement	
	At the Hospital:	11
	- The Emergency Room	11
	- Body Chart	12 & 13
	- The Examination	14
	- Follow-up Treatment	17
	- The Survivor's Rights and the Hospital	17

	The Court Proceedings	
	- The District Attorney's Office and the Victim-Witness Assistance Program	18
	- Order of Events in a Criminal Proceeding	18
	- Can I File a Civil Suit in Behalf of the Survivor?	19
	- The Survivor's Rights in Court	19
Who Pays for This?		19
	Understanding Feelings	
	- Understanding Your Own Feelings	20
	- Misconceptions	20
	- Taking Care of Yourself and the Survivor	21
	- How Will Her Family React?	21
	- Assault By Someone Known to the Survivor	22
	- Feeling Safe Again	23
	Resources: Who Can Help?	25
	Suggested Reading and References	31
	Glossary	32
	Contributors	32
	Evaluation	33

Introduction

The terms **advocate** and **survivor** are used throughout this booklet. They are referred to in the feminine gender, as women form the majority of both groups. A survivor is a person who has been the victim of violent crime, and who has survived that crime. In this book, survivors are people with developmental, learning or physical disabilities, including hearing or speech disabilities, or other conditions which may make them more vulnerable to an assault and require special assistance in its aftermath.

The survivor has a right to obtain the information and care that she needs. The focus here on the word "survivor" is to emphasize that the victim of a crime can "turn around" that victimization by taking charge of her life and obtaining the medical, legal and psychological services available that will assist her to return to as normal a life as possible. Victims of sexual assault and rape do not forget the assault, but they can manage to recover their normal life style. When an advocate is needed, this person will take the responsibility to help the victim seek and obtain the information

she needs in order that she may begin to feel like a survivor.

An advocate is a person who helps others. In this book, advocates are parents, teachers, residential facility staff, workshop counselors, attendants, independent living trainers, or other persons involved in the

The survivor has a right to obtain the information and care that she needs.

daily life of the survivor. An advocate is usually the person closest to an individual in need. She will also need some information about sexual assault and exploitation. Dealing with the occurrence of these events can be traumatic and full of emotional response. This booklet is designed to help the advocate understand the feelings of both the survivor of sexual assault as well as her own.

Definitions



Here are some terms as defined by the California Penal Code which describe various crimes of sexual assault. It may be helpful for you to know the differences between them.

Rape

Rape is defined in the California State Penal Code, Section 261:

"Rape is an act of sexual intercourse accomplished with a person not the spouse of the perpetrator, under any of the following circumstances:

1. Where a person is incapable because of mental disease, defect, or disorder or because of physical disability, of giving consent, and this is known or reasonably should be known to the person committing the act. Notwithstanding the existence of a conservatorship . . . the prosecuting attorney shall prove, as an element of the crime, that a mental disease defect, or disorder or physical disability rendered the alleged victim incapable of giving consent.

2. Where it is accomplished against a person's will by means of force or fear of immediate and unlawful bodily injury on the person or another.

3. Where a person is prevented from resisting by any intoxicating, or anesthetic substance or any controlled substance, administered by or with the privity of the accused.

4. Where a person is at the time unconscious of the nature of the act, and this is known to the accused.

5. Where a person submits under the belief that the person committing the act is the victim's spouse . . .

6. Where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat.

7. Where the act is accomplished against the victim's will by threatening to use the authority of a public official to incarcerate, arrest, or deport the victim or another, and the victim has a reasonable belief that the perpetrator is a public official."

This is the most important definition for you to be familiar with, especially Items 1 and 2, which mean, (1) did the survivor give consent to sexual relations, and (2) was she forced. If there is a rape charge based on the victim's inability to give consent, it is critical to have her ability to consent tested by a **certified sexuality therapist, counselor or educator**, who is experienced in working with disabled persons. If s/he also is a licensed psychologist or other mental health practitioner, this will be a benefit. **If physical force was used, there is no question of consent.**

Battery

Battery is defined in the California State Penal Code, Section 243.4 as follows:

“(A) Any person(s) who touches an intimate part of another person while that person is unlawfully restrained by the accused or accomplice, and if the touching is against the will of the person touched and is for the purpose of sexual arousal, gratification, or abuse, is guilty of sexual battery.

(B) Any person who touches an intimate part of another person who is institutionalized for medical treatment and who is seriously disabled or medically incapacitated, if the touching is against the will of the person touched, and if the touching is for the purpose of sexual arousal, gratification, or abuse is guilty of sexual battery.”

This means that the unwanted touching of the intimate parts of a person is considered a form of sexual abuse. In Booklets I and II, we referred to “battery” or “molestation” as “assault” and incorporated other types of behavior. This was in order not to confuse the reader.

Lewd or Obscene Conduct

Lewd or obscene conduct is defined in the California State Penal Code, Section 314 as:

Every person who willfully and lewdly, either:

1. Exposes his person, or the private parts thereof, in any public place, or in any place where there are present other persons to be offended or annoyed thereby, or
2. Procures, counsels, or assists any person so to expose himself . . . is guilty of a misdemeanor.

Incest

Incest is defined by the Civil Code (Sec. 4400) and the Penal Code of California (Sec. 285) as: The crime

of marrying and/or having coitus with a person or persons who are biologically closely related (consanguineous), including:

Parents and Children
Grandparents and Grandchildren
Brothers and Sisters
Uncles and Nieces
Aunts and Nephews

Recent court decisions also include persons not related by blood, but who hold a family position of authority, such as step-parents.



The following are words commonly used to describe other unwanted behavior:

EXPLOITATION—When one person takes advantage of another. For instance, paying for sex acts, paying someone to remove their clothes, or taking nude photos or showing such pictures without consent.

HARASSMENT—Touching someone in a sexual way against her will or making lewd suggestions that make a person feel uncomfortable or scared (usually in a work situation).

ASSAULT—Any of the above, including rape, is referred to as assault or sexual assault.

In Booklets I and II we did not adhere to the strict legal sense of these terms. This was to avoid confusing the reader.

All of these things are against the law. The person who **forces** the sexual act on another is breaking the law. That person is called the **rapist, assailant, perpetrator or offender**. The person who had this done to them is called the **victim or survivor** (once in the court system, she will be referred to as the witness). It is very important to know that the victim did not do anything wrong, and will not get into trouble because

of what happened to her. If the survivor later does these things to somebody else, she should get help not to do it again.

It is important to remember that both men and women victimize others. The primary issue here is power over another that is expressed sexually. Men and women, boys and girls can all be victims of sexual assault.

Statistics

At this time, data on the disability of the survivor is not being collected by the police, hospitals, or any other agency, so it is impossible to provide reliable statistics. However, there have been some private groups around the country that have collected data. Most notable of these is The Seattle Rape Relief Project. 1) They found that 75% of the developmentally disabled persons they studied had been survivors of at least one assault. Of these, 99% of the time the perpetrator was known to the survivor.

Although it is unknown how frequently sexual assault occurs, professionals in the State of California agree that it is close to 98% among their own clientele (State Committee on the Sexuality of the Developmentally Disabled). 2) Even if the numbers are not absolutely accurate, we do know that sexual exploitation and assault are very common experiences for disabled persons. Reporting rates are extremely low. We believe that this is due to the following factors:

A. Self Report:

1. Vulnerability of the disabled person in general.
2. Their dependence upon the assailant for basic needs.
3. Lack of awareness of benefits of reporting.
4. Lack of awareness of services available to them as survivors.

B. Report by professional or other potential advocate:

1. Lack of awareness or understanding of reporting responsibilities.
2. Decision not to report because of perceived system response (either a belief that the system will do nothing to help, or prior negative experience with the system).

Increased reporting of these offenses may begin to decrease their incidence. Prevention training for disabled persons, as well as for disability and abuse professionals, includes reporting as one of its elements.

***99% of the time the
perpetrator was
known to the survivor.***

Warning Signs



Traditionally, disabled persons have not received education on what to do if an assault occurs. Therefore, their reaction may be to not tell anyone. You should be sensitive to certain signs, if the survivor would not be likely to talk about a rape or sexual assault.

These include:

Behavioral Signs:

Dysfunctional Behavior, Especially Any Change in Behavior:

Acute Reactions: Clinging, fear, phobias
Regression: Bed-wetting, thumb-sucking
Sleep: Nightmares, will not sleep alone
Food: Over-eating and/or under-eating
Work: Poor performance or concentration
Social: Restricted social life, does not get along well with others
Emotional: Poor self-esteem, depression, suicidal
Acting Out: Runaway, promiscuity
Sexual: Behavior inappropriate compared with prior behavior; onset of excessive masturbation (public/private)
Substance abuse
Elective mutism

Emotional Signs:

Fright
Confusion
Guilt feelings
Anger
Acting out
Depressive affect

Medical Signs:

Pregnancy
Bruises
Scratches
Bites
Sexually transmitted diseases
Blood stains on underwear
Pain in anal, genital, gastrointestinal and urinary area

Trauma to Genital Areas:

Females:

Vaginal discharge
Urethral inflammation
Lymph gland inflammation

Males:

Pain on urination
Penile swellings
Penile discharge

Rape Trauma Syndrome



"Rape Trauma Syndrome" describes a survivor's reactions to sexual assault, both immediate and long-term (Burgess and Holmstrom, 1978). These were so labeled because they are common to all rape victims, in differing combinations and severity. They are listed here in a typical chronological order so that you, the advocate, may have a deeper understanding of the possible reactions of the survivor you are helping.

1. **Initial numbness, shock and disbelief.** An outward calmness, as if nothing of importance had taken place. Victims may carry on routine tasks but they may have difficulty in concentrating and making decisions.

2. **Victims may block out and deny the experience.** They may say they do not want to discuss it, or may have true memory lapses.

3. **A sense of relief** ("At least I'm alive"). Increased fearfulness, anxiety, guilt and shame. Survivors may avoid eye contact, social contact, and may even physically tremble.

4. **Survivors begin to ask practical questions.** Concerning such things as how will others react to them now; pregnancy; venereal disease; will the assailant hurt them again; can they be safe again.

5. **Acute stress and disruption of normal life style.** Fear dominates the survivor's life. Generalization of fear may occur. They may experience acute anxiety, crying spells, depression, and/or irritability. Survivors may want to change jobs and/or residence.

6. **Survivors may have difficulty with concentration.** Or they may have loss of appetite, or sudden voracious appetite, feel depressed, have nightmares, and may fear either being alone or being in crowds.

7. **Withdrawal from affectionate and intimate relationships.** Avoidance of sexual contact. Dependence-independence conflicts may occur between survivors and their family/friends/professionals.

8. **The survivor may develop anger and rage.** Often these feelings are substituted by guilt, blame and/or shame.

How to Respond to a Disclosure

If the person you serve as an advocate tells you she or he was raped or sexually assaulted, **your response** would be most helpful if you:

- Pay Attention. **Believe what she says, even if her behavior is not what you would expect it to be.**
- Stay calm.
- Do not display your anger at the perpetrator—this may frighten the survivor.
- Do not say “What a terrible thing s/he did to you” (just in case the perpetrator also forced the victim to do this to yet another victim).

- Listen carefully. Let the client take his/her time in telling you. Use phrases such as “Tell me more”, “Then what happened?”, “And then . . .”.
- Be sympathetic. Use phrases such as “I am so sorry this happened to you”. “I am so glad you are telling me”.
- Do not make promises you cannot keep such as “I’ll make sure this never happens to you again”. Or, “I’ll make sure he never hurts you again”. Or, “All the people who will help you will be kind to you”.

If You Are the First Person She Tells (and she was just assaulted):

1. Take the survivor to the hospital emergency room. (See the section on “**Going to the Hospital**”). Go as soon as possible because she may have internal injuries, and evidence (in the form of semen) needs to be collected soon after the assault. Before you leave for the hospital, do your best to make sure the victim . . .

- Does not change clothes (they may be collected as evidence)
- Does not take a shower or clean up in any way
- Does not go to the bathroom (she may clean away some evidence)
- Does take a change of clothes
- Does bring a favorite possession or book. **She may have to wait up to four hours in the emergency room**
- Call the emergency room ahead of time to let them know that you are coming in with a rape survivor.

and, make sure that you . . .

- Explain to the survivor why it is important that she goes to the hospital
- Explain what will happen
- Take her chart with you with medical and legal information (if readily available)
- Call the hospital to let them know that you are bringing in a rape survivor

2. Discuss reporting to the police with the survivor. (See the section on “**Reporting Assaults**”).

If you have a legal or professional responsibility for the survivor, you must report. You must also report **if the survivor is under 18 years of age**. You report by calling the police or local sheriff station or local Child or Adult Protective Agency.

If she has a conservatorship (a court obtained document; for adults there is no other legal dominance of one adult over another), and the conservatorship includes legal matters or conservancy of the person, the conservator may also report to the police.

If there is no conservatorship, the survivor has to decide whether or not she wants to report the assault herself. The survivor's wishes should be respected.

At the time of the hospital visit, the hospital is obligated by law to file a report. If, however, the survivor does not wish to report to the police, it is best to inform the hospital. In most cases, they will then wait until the survivor has left.

If she is incapable of making such a decision and there is no legal conservatorship, and you are the **parent**, you should use your own discretion for filing a report.



3. Offer her one of the companion booklets of this set. **You can read it together.** This should help her focus her attention; let her know others have gone through what she has experienced, and provide suggestions and information for what to do after the assault.

4. Help her with the follow-up steps; e.g., the court proceedings, additional medical care, compensation from the State, helping her find a referral for a self-defense class.

If you have a legal or professional responsibility for the survivor, you must report.

Confidentiality: Who Should Be Told? By Whom?

Remember the important ethical standards of confidentiality. Rape (and other assaults) is a personal matter, and its disclosure should be carefully monitored. It is not appropriate to gossip or engage in casual conversation. Help the client to remember and apply these standards as well. It is not necessary for **all** persons involved with the client to know about the rape. Keep to a minimum the persons you tell. Apply the principle of a "need to know", i.e., "Does this person need to know?" and "Will their knowledge help the

client?". When you have satisfactorily answered these questions for yourself, then your disclosures will correspond to ethical behavior regarding confidentiality, as well as respect for the survivor. Remember, if you have a professional responsibility for the client, you must make a legal report. If you are not a mandated reporter (perhaps you are a parent or a friend) and the survivor is not sure whether to report or is incapable of making such a decision, some of these considerations may help you both:

1. Should the police be informed?

YES

May help apprehend perpetrator to avoid further abuses.

May empower survivor to take strong action against her assailant.

Uses the system to try to punish the wrongdoer.

May help some survivors deal with the rape.

Allows the survivor to be eligible for Victims of Violent Crime Compensation, provided by the State of California.

NO

May involve telling the story repeatedly.

May not be in the best interest of her emotional well-being.

May not result in a filing by the District Attorney. Should this happen, the survivor has the right to know why.

May attract insensitive responses to her disabilities.

May delay some survivors' healing after the rape.

Basic Recommendation:

Tell the police. It is only through the utilization of the system that it can be strengthened and assailants can be properly punished. However, if the involvement with law enforcement becomes too traumatic for the survivor, talk it over with her. She has the option of discontinuing; although, you should both know that she may be subpoenaed to testify. These are both important considerations. In general, law enforcement and the District Attorney's Office will not pursue a survivor who is too distressed.

Alternatively, either of you may report anonymously over the phone.

2. Should her Parents Be Told?

YES

Parents usually would want to know.

They may provide a source of emotional support.

They may better understand, and cope, with any change in the survivor's behavior.

NO

Parents may become hysterical and counter-productive.

Parents may blame their own child.

Parents may not believe the assault happened.

Parents may withdraw their child from an excellent out-of-home placement.

Basic Recommendation:

Encourage the survivor to tell her parents. Obviously, this is an individual decision based on the relationship the survivor has with her parents. Or, you may tell her parents, with the survivor's permission. While it is true that many parents of adults who are raped are never told, parents of disabled children are usually very involved in their child's life and want to know and help. If the survivor insists she does not want them to know, her wishes must be respected.

If the survivor insists she does not want her parents to know, her wishes must be respected.

3. Should You Tell the Regional Center?

YES

Regional Center's Client's Rights Advocate can work to assist the legal prosecution, providing law enforcement officials with necessary information. This advocate may already have special liaisons in the judicial system that will be helpful.

Through a Regional Center, you may be able to contact other advocates who have faced similar situations, for support.

Regional Centers can offer specialized services such as:

Evaluation: an expert can be employed to determine ability where consent is an issue in rape defense.

Referrals for post-trauma therapy for the client.

Referrals for post-trauma counseling for significant others.

Referrals for self-defense training for the client.

NO

Regional Centers will record this information in their permanent files.

Confidentiality may be compromised in that, through the years, many Regional Center staff will review the file.

Basic Recommendation:

Tell the Regional Center. Although each Regional Center is different, they are agencies with unique contacts and services and service specialists. However, you should speak with a center's Client's Rights Advocate first to see if you and the survivor would benefit from the center's services.

4. Who Else Might Be Told?

a) The survivor's **Day Program Manager** or **direct Supervisor/Manager** may be informed. The goal is to allow for flexibility if work production is effected, if emotional outbursts occur or if the survivor needs to spend time with a counselor. Their knowledge of the

*If she asks you to help,
judge how much she
is able to do for herself.*

event will help them plan for a period of re-adjustment for the survivor. (These staff members are all bound by stringent statutory confidentiality provisions, and

should be extremely careful in their sharing of this information.)

b) **Residential Program staff.** For the same reasons as Day Program Manager.

NOTE: All these persons should be informed with the knowledge and consent of the survivor. Preferably, the survivor will inform each of the above herself, and should be encouraged to do so. This is part of the "taking charge of her life again" aspect of recovery mentioned before. If she asks you to help, judge how much she is able to do for herself. Ask each person you tell not to discuss this with others. Keeping such a personal matter **personal** is of utmost importance.

Reporting Assaults

What to Report

Actual knowledge or a reasonable suspicion that any of the sexual assaults defined and described in this booklet has occurred is reportable.

In addition, any of the following must be reported:

Acts of Physical Abuse. Physical injury inflicted by other than accidental means on a child or dependent adult.

Emotional Abuse. Willful infliction or permitting of unjustifiable mental suffering.

Willful Cruelty or Unjustifiable Punishment. Cruel and inhuman corporal punishment resulting in injury.

Neglect. Resulting in poor health, hygiene or mental health.

Who Must Report?

Any person whose job includes care or responsibility for children, dependent adults, or elderly persons must report an assault. This includes regional center staff, teachers, teacher aides, social workers, psychologists, residential care staff, work training staff, bus drivers, etc. **All persons having reporting obligations should have been so informed on the job.**

Who May Report?

Any person who has knowledge of or a reasonable suspicion that abuse in any form has occurred may report an assault. In most states, calls can be made anonymously, if the caller fears retaliation or for any other reason wishes to remain unknown to law enforcement.

How to Report If You are a Professional Care-Provider

When to Report

The survivor may make a report at any time she feels ready, but the report by a care-provider must be made by telephone **immediately** upon learning of the incident, and followed up **in writing within 36 hours.** Forms for reporting can be obtained from the local Protective Services Agency, the police or sheriff's offices.

Where to Report

The report can be made to any one of the following: the local department of Children's Services, police department, sheriff's department or probation department. In the case of abuse of adults, the report is made to any of the last three agencies, or Adult Protective Services.

Residential care staff may also inform their Regional Center or the agency that licenses their facility. However, this is **in addition** to reporting to one of the offices listed above. The licensing agency may have an established procedure for reporting abuse, which may involve a supervisor or committee who handle the report. **The existence of this internal procedure does not remove the advocate's personal liability in any way.** If the agency wants the committee to file the report, it is the advocate's responsibility to assure that this is done within the time limits described above. If the committee fails to make a timely report, the advocate must do so.

Why Report?

First of all, it is the responsibility of anyone who assumes protective responsibility over another person to file a report about a crime. The intention behind reporting is to assure treatment for the survivor and safety from further assaults by the assailant. The **moral** choice about its effect on the survivor, however, must be made carefully by each advocate.

I'm Not Sure if a Report Should be Made

In the event you have doubts about the "reasonableness" of your suspicions, call a hotline (see the **Resources** section). The staff there will assist you in making this determination. They act as consultants, as well as report takers. In Los Angeles, have the operator connect you to ZENITH-51234, which is the national child abuse hotline. Also, consult with others who have primary care responsibilities for the person about whom you are concerned.

What if I am a Professional Care-Provider and I Don't Report

Willful failure to make a report is a misdemeanor, and is punishable by a fine of \$1,000 and/or jail for six months.

There is an ethical consideration, however, that must be weighed as well. Obviously, if there is a serious doubt that abuse has really occurred, and you decide not to report, this is your prerogative based on professional discretion. Many professionals tend to prefer reporting when in doubt. Their rationale is that if one decides not to report, the child or dependent adult may be endangered.

NOTE: For a more detailed description of current reporting requirements, request from the State Department of Social Services a copy of their booklet, "The California Child Abuse Reporting Law: Issues and Answers for Mental Health Professionals", written by Eliana Gil.



Reporting the Assault

If the assault is subsequently reported, the first step is a crime report, which may be made before or after her physical examination. Within a few days after the initial report, special Sexual Assault Investigators may call the survivor and you as her advocate into their office for a follow-up report. They can be asked to come to see her at her home, as the police station may further traumatize her.

She must be truthful in each statement she makes in any law enforcement or judicial proceedings. Inaccurate or incorrect information may cause law enforcement to follow false leads. If she is not certain of something, be sure that she says so. If she doesn't know something exactly, tell her to describe it as accurately as possible. Law enforcement officers will also ask you questions regarding your name, address, phone number, and place of business as well as hers. You will also be asked about her condition and behavior after the assault.

Law enforcement officers should not ask her any inappropriate questions about her emotional or physical reaction at the time of the assault. (E.g., they should not ask, "Did you enjoy it?", etc.). They will also need to know whether any penetration occurred and what sexual acts were forced upon her to determine what crimes can be charged. For example, the slightest penetration may result in a rape charge rather than attempted rape charge. The information she provides

If she is not certain of something, be sure that she says so.

is the basis of a legal proceeding and must be accurate. **She (or you as her advocate) has the right to read over everything the law enforcement officers write on these report forms and to ask them to correct any misinformation. Be certain to get the names, badge numbers, and telephone numbers of the officers.** Usually, they will give you a card with this information on it.

Many people find that they remember more details of an event when they are written down. If the survivor later recalls something that she did not tell the law enforcement officers, have her call them with the information. It may be useful to them. Also, tell her not to worry if she remembers details a little differently later on; this is very common and will not hurt her case. Remember also, that it will help you and the survivor, to have the same officer assigned throughout the course of the case.

If you are a mandated reporter, you will have to explain to the survivor why she has a right to make a decision whether or not to report the rape, whereas you did report it because of your legal responsibility. She may feel that her privacy has been invaded, or that her right to make the report has been tarnished. This

Unfortunately, the requirement for an immediate report does not provide the victim time to consider the alternatives, as is the case for a non-disabled victim.

is a sensitive issue, and must be **handled honestly and respectfully**. This is why it is best to discuss this immediately, so that she will be a part of the reporting process. Unfortunately, the requirement for an immediate report does not provide the victim time to consider the alternatives, as is the case for a non-disabled victim. Open discussion of the issue is the best approach, in order that the survivor continues to feel protected and supported.

The Survivor's Rights and Law Enforcement

Law enforcement believes that it is best for women to report as soon as possible. Many women who do not immediately report sexual assaults change their minds and report later. Many women choose not to report the assault. Give her time to make this important decision. It does not need to be made in the emergency room.

- She has the right to choose whether or not to report the sexual assault to law enforcement.
- She has the right to request to be interviewed by a female officer. This may result in delays in the reporting procedure.

- She has the right to reasonable protection by the law. In some cases she may be entitled to request any one or more of the following:
escort to accompany her to and from court;
additional patrol from a police car(s) assigned to her area;
restraining order(s);
under severe circumstances—relocation.
- She has the right to be treated in a considerate and sensitive manner by law enforcement and prosecution personnel.
- She has the right to sue a person or company for negligence if she was assaulted in a place having unsafe conditions (apartment building or parking lot, for example).
- She has the right to contact and be contacted (when and where she wishes) by law enforcement and the District Attorney's office.

***The decision to report
does not need to be made
in the emergency room***

- She has the right to obtain copies of police reports regarding the sexual assault. (Only she may do this, unless she has a conservator, in which case the conservator may do so.)
- She has a right to an explanation of the reason for every test, form, and procedure.
- She has the right to make application for reimbursement through **Victim-Witness Assistance Program** for certain medical expenses. She also has the right to copies of documents or correspondence relating thereto. She is entitled to help in filling out these forms.

At the Hospital



The following information is for your own understanding as an advocate and so that you can explain it to the survivor. It is also presented so that if needed, you can assist the medical staff in understanding the survivor's special needs.

The companion booklets are written for the survivor to read repeatedly as she proceeds through the process. She will also benefit from your explanations.

This description basically follows the series of events as the survivor will experience them.

The Emergency Room

Emergency rooms of hospitals are busy places. It would be nice to say that the survivor will be treated immediately. This is not usually the case. It may be some time before she is helped. Call your local rape hotline for information about the more responsive emergency rooms.

There are three important reasons why she should get medical attention:

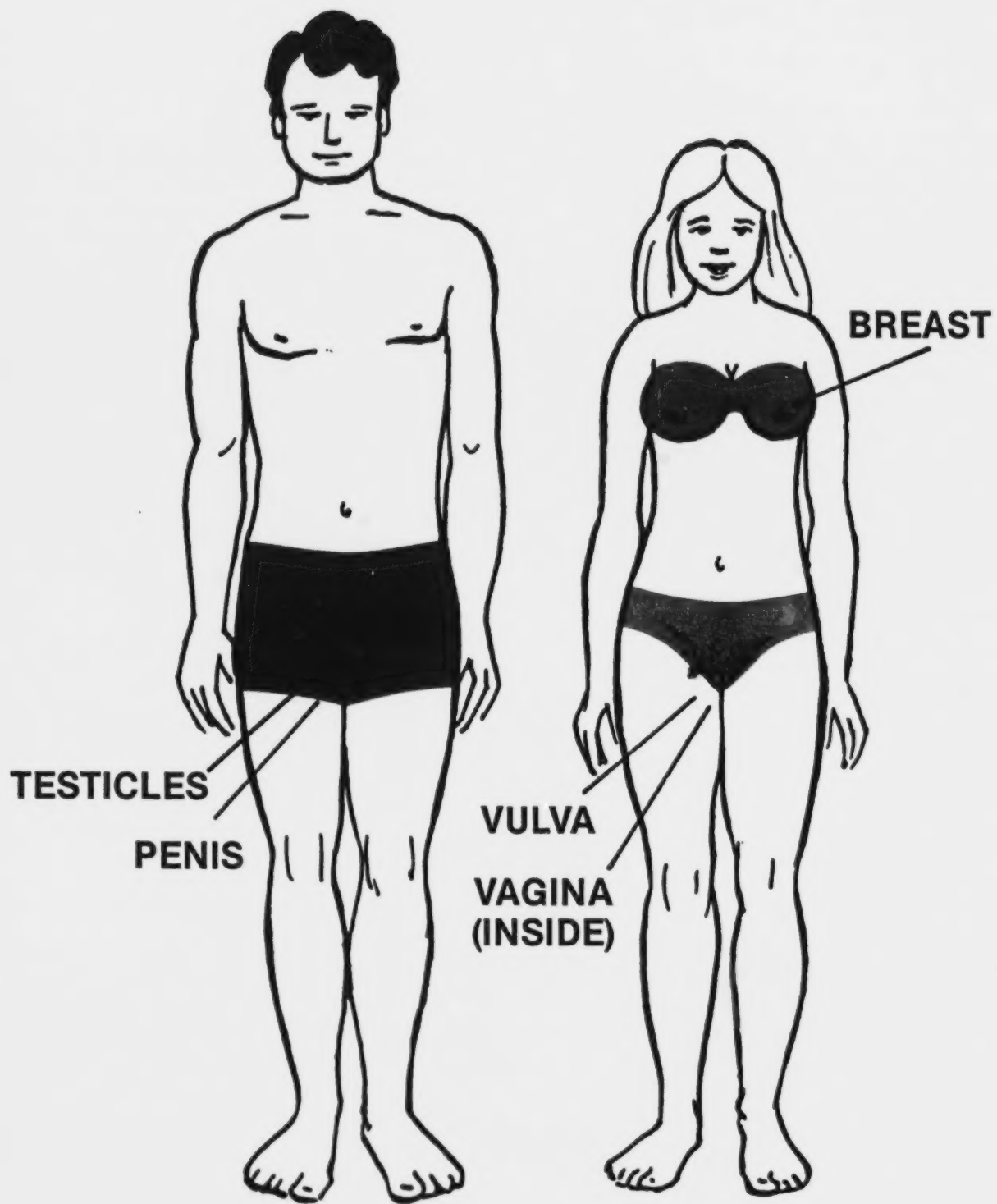
1. To determine if she has been injured in any way. Frequently following an assault, the survivor is in a state of shock and may be totally unaware of injuries.

2. To be tested for, and to discuss preventing, venereal disease and pregnancy.

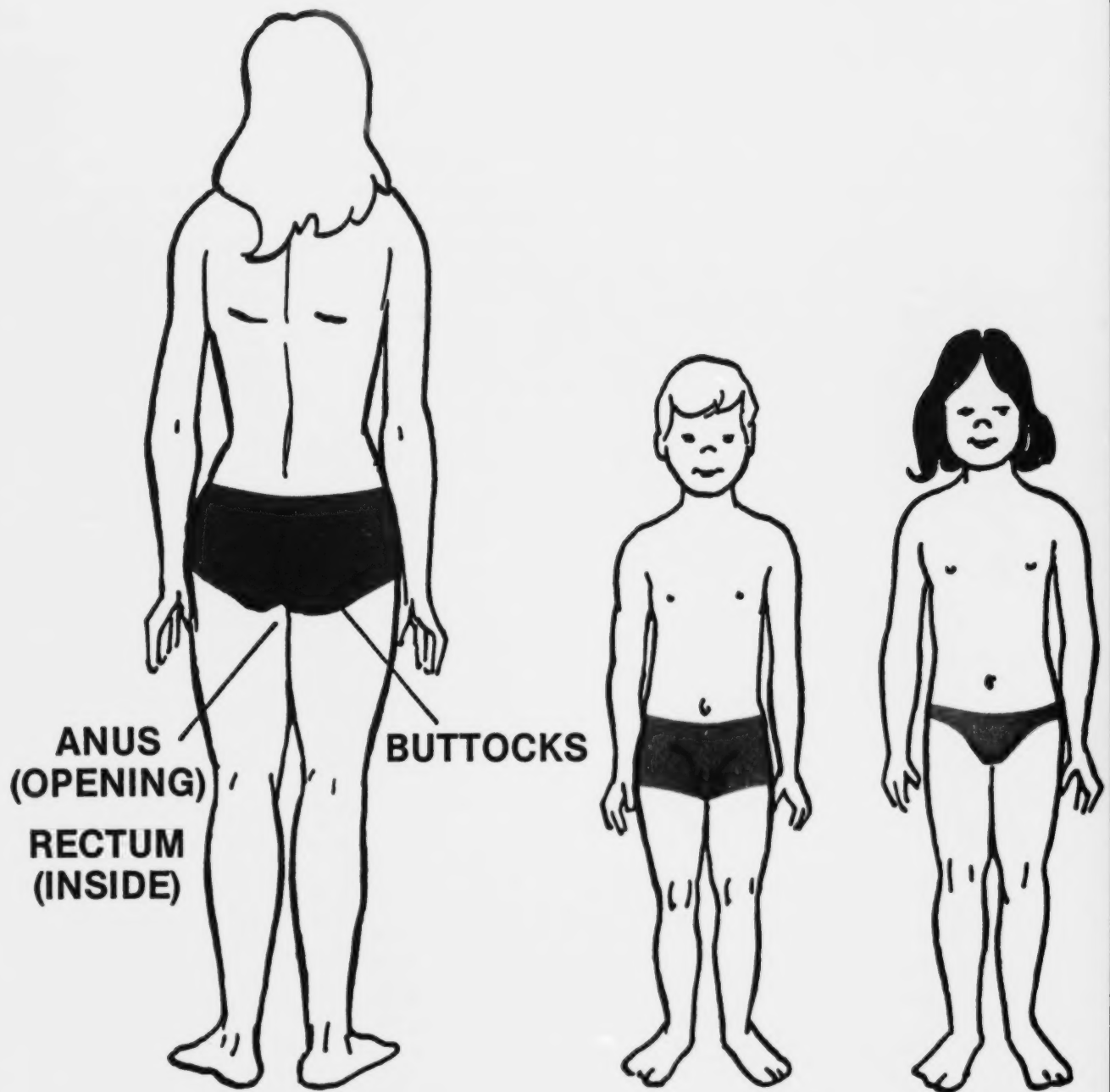
3. To collect medical evidence for possible future prosecution if and when a suspect is caught. It is vital that this evidence be collected **as soon as possible**. It will be destroyed as time passes and everyday activities (eating, drinking, urinating, bathing, etc.) are resumed.

***It is vital that
evidence be collected
as soon as possible.***

Any wait, no matter how short or how long, may be uncomfortable. You may want to use this time to concentrate on her feelings and health. She is the survivor



**THE PRIVATE PARTS ARE SHOWN
COLORED IN GREY**



of a sexual assault and has the right to receive whatever medical treatment she needs. If she is a minor, she has the right to treatment and examination without her parents or guardian being notified. California Civil Code Section 34.9(A) provides that a minor "may consent" without parental notification.

***You should tell the nurse
if the survivor has need of
any special treatment.***

Your first contact in the emergency room will be the nurse supervising the emergency room waiting area or an admitting clerk. These are the questions the survivor or you will be asked:

- Name)
- Address) of the survivor
- Age)
- Occupation)
- What is your relationship to the patient?
- Why is she here?

This is very important information which will be used to begin her medical report. Although it seems trivial after what she has been through, please help her provide as much information as she can. It might help her regain a sense of control if she is able to answer these questions herself.

You may find it difficult to explain her medical needs to the nurse. You do not need to give the nurse all the details of the assault. However, you will have to say she was raped in order for her to receive proper treatment and have evidence collected. You should tell the nurse if the survivor has need of any special treatment.

You may also talk with a social worker or medical advocate who will listen to her needs and help in whatever way possible. The social worker or medical advocate may be accompanied by a registered nurse. They will ask questions in order to determine what treatment is necessary for the survivor. These people will ask that consent forms be signed, for the medical exam to take place and for any photographs to be taken to document injuries.

The Examination

THE SURVIVOR IS THE EVIDENCE

Even if the survivor does not want to report the assault to law enforcement at this time, it is a good idea to let the doctor collect all possible evidence. If she decides to report later, the collected evidence may be useful.

THE MEDICAL EXAMINATION

The medical treatment she receives should include the following, not necessarily in this order:

- At this time you should both be told what to expect during the examination. If you are not told, ask someone to explain it.
- Before beginning the examination she may be asked to sign a consent form so that photographs may be taken of torn clothing or visible injuries. These photographs can be used as evidence. Sometimes bruises show up six to 21 days after the assault. Check for bruises with the survivor. If bruises appear later, call the sexual assault investigators handling her case so that photographs may be taken at that time.

Whether photographs are taken at the hospital or later at the police station, she may want someone supportive with her. It is her right to have such a support person present.

- Next, she will be asked to undress. If she is wearing the clothes she wore at the time of the assault, these clothes will be taken to be used as evidence. She may need or want you to help her get ready for the exam. Carefully remove all clothing and fold each piece separately. Take special care to

***The pelvic examination
may evoke memories
of the assault.***

fold all underwear. The nurse should put these items in a brown paper bag. This will be sealed and given to the police.

- As part of medical evidence collection, she will be asked to sit on a piece of paper and use a small plastic comb to comb her pubic hair. The loose hairs that fall onto the paper will be put into an envelope and kept as evidence. She may be asked to pull hairs from her head. These will be put in a separate envelope. This is because the rapist's hairs may be found among her own.
- Her blood pressure, pulse, temperature and her medical history (allergies, medicines, last menstrual period, etc.) will be taken.

- The survivor will be asked about the sexual assault. It is very important that she tells someone which sexual acts were performed (vaginal intercourse, oral copulation, anal intercourse, or any other). She may want to point to pictures rather than talk in detail about what happened. (Use the drawings in this booklet on pages 12 and 13). She may not understand the questions or she may feel embarrassed when she answers them. You should both feel free to ask questions as needed. Any questions you ask will help the survivor, both in understanding the terms and feeling comfortable about the procedure.

- As the exam begins the doctor will listen to her heart and lungs, press on her abdomen and back, and check her entire body for general signs of injury. If she has any areas of pain, soreness, or discomfort she should mention them to the doctor at this time. Marks and bruises should be noted on her medical chart.

- Following the general examination, a pelvic (or internal) examination will be done. This examination will be almost identical to the gynecological examination she usually receives from her own doctor. **It may also evoke memories of the assault. If she has never had a pelvic examination, be sure to tell the doctor and the nurse.** The doctor will ask and need to know (for purposes of medical treatment) whether or not she was a virgin before she was sexually assaulted.

She will be asked to lie flat on the examining table and to place her feet in metal foot-rests with her knees apart. She will be asked to slide to the edge of the examining table. Help her relax her stomach and back muscles by telling her to breathe slowly and deeply through her mouth. This will make the examination more comfortable.

- If she cannot be in this position due to a physical disability, tell or let her show the doctor the position used by her regular gynecologist. **Do not** let the doctor attempt to force her into the traditional examination position. **Do not** allow the doctor to avoid doing the examination due to the disability. You may suggest these alternate positions (taken from "Table Manners", by Susan Ferreyra and Katrine Hughes, June 1982):

1. On the examination table, lying on her side, both knees bent, one leg brought closer to her chest. Speculum should be angled toward her back, not towards her head.
2. On the table, lying on her back, knees bent so

that both legs are spread flat and her heels meet at the foot of the table. Speculum must be inserted with the handle up. Called the "diamond" position.

3. Woman lies on the table with knees placed in the stirrups.
4. Woman lies on the table on her back, knees bent and apart, feet resting on the table close to her buttocks. Speculum must be inserted with the handle up. If her legs are not stable, assistants can support her feet or knees. Called the "M" position.
5. Woman lies on the table with her straightened legs spread out wide to either side of the table, assistants may be needed to support her legs. Speculum must be inserted with the handle up. Called the "V" shape position.
6. If the survivor is deaf or hearing-impaired, she may assume the foot-stirrup position, with her head elevated so that she can see the clinician and/or interpreter. Ask her if she would like to eliminate the drape used to cover her body, or place it between her legs. Allow her to view the process with a mirror.
7. If the survivor is blind or vision-impaired, she may assume the foot-stirrup position. Allow her to examine the instruments that will be used, prior to the examination. Maintain a constant dialogue about the procedure, so she will know what to expect at each point along the way.

Many women find this examination very distressing and uncomfortable especially following a sexual assault. Since this procedure is very similar to the assault she has just endured, she may begin losing control of her emotions. Tell her it is all right to cry and express her feelings. You may want to ask the doctor to wait a moment before the examination continues. Tell the victim that counting to four each time she breathes in and out can reduce her anxiety. It also takes her mind off the examination. You might also tell her to think about some very pleasant time or event in her life. She may want to squeeze your hand or the hand of a nurse. Encourage her to ask questions in order to understand what is happening, or see if

she wants to close her eyes and put cotton in her ears to block out the sights and sounds. Ask for whatever support you think will help her get through what can be a **stressful time**. Even though it may seem like hours, the examination is usually over in five to 10 minutes. If the survivor cannot finish the medical examination due to emotional turmoil, discontinue at this time. Try again the next day. Complete the examination in small stages according to her emotional readiness.

- The doctor will look for bruises, cuts, marks, blood and traces of semen on the outside of the vaginal area. The doctor will then insert a metal or plastic speculum into the vagina. The speculum is an instrument which is used in routine pelvic examinations; it is used to open the vaginal area. If she can relax and breathe deeply when it is inserted this will help to decrease any discomfort. Now the doctor will collect the evidence. It

She should also be offered options for the prevention of pregnancy

will be given to the police if she is reporting this violent crime. If not, the evidence should be stored at the hospital for at least one month in case she later decides to report.

- Taking specimens will be virtually painless and involves merely wiping cotton swabs over the inside of the vagina and washing the vagina with a little water. After the doctor and nurse have collected this evidence, the speculum will be removed. The doctor will then place two fingers in the vagina and one hand on the stomach in order to search for any injuries. Finally, the doctor will perform a brief rectal examination by placing one finger in the rectum. This will complete the pelvic examination. Evidence may also be taken by swabs from her mouth, rectum, or where any other dried semen is visible. This last procedure will be followed in the case of a male sexual assault survivor.
- Part of the pelvic examination includes a baseline test for gonorrhea or syphilis (V.D.). The results of the baseline test for gonorrhea should be ready in three to four days. Check with the emergency room for the results. The test for syphilis will be in the form of a blood sample. These tests are taken to determine whether she had V.D. at the time of or prior to the assault. If either of these tests show that she has V.D., she will definitely need treatment. Be certain to check back with the

emergency room for the test results. **However, she can ask immediately for medication to prevent contracting V.D. as a result of the assault.** These tests must be repeated in order to determine any changes caused by the assault.

- She will be asked to give a urine sample for a pregnancy test. She should also be offered options for the prevention of pregnancy. If these options are not offered, ask someone about them. Chances of becoming pregnant are small, but she may want to talk about possible pregnancy and her options.
- If she was under the influence of alcohol or drugs at the time of the attack, she may feel that her ability to resist the assault was impaired. You can ask the doctor or nurse to take a blood test for traces of alcohol or drugs. You may want to use the test results at a later date if she reports the crime and her case goes to court.

Follow-Up Treatment

The first follow-up appointment should be made two weeks after the emergency room examination. This

Follow-up appointments can be made with her personal doctor

appointment is necessary for taking another gonorrhea test and another pregnancy test.

Her second follow-up appointment should be made six weeks after the emergency room examination (four weeks after the first follow-up appointment). This appointment is necessary for taking yet another pregnancy test and another blood test for syphilis.

These follow-up appointments can be made with her personal doctor, a women's clinic, as well as a hospital. Follow-up appointments must be made.

Any questions you may have regarding any part of the examination can be answered by hospital personnel, medical advocates, social workers, or rape crisis center advocates. Do not hesitate to contact them. Give yourself permission to take care of **your** needs, to ask questions, and to express your feelings, especially to those who are trained to help. They are there for **you** as well as for the survivor.

The Survivor's Rights at the Hospital

She should be told of her rights as a patient. The survivor is entitled to care and information. Knowing her rights and having them respected will help her regain control of her life:

- The survivor has the right to be accompanied through each hospital procedure by the social worker, medical advocate, or registered nurse present and by a friend or relative of her choice.

A minor has the right to receive treatment and be examined without her parents or guardian being notified.

- She has the right to request privacy during emergency room treatment. This means that she can ask anyone other than the necessary hospital personnel to leave the room during the examination.
- She, as a minor, has the right to receive treatment and be examined without her parents or guardian being notified.
- She has the right to report the assault to the police. It is best to do this right away, but she can do it later, or not at all, however **she** decides.
- She has the right to strict medical confidentiality.
- She has the right to copies of her medical reports (by law as of January 1, 1983).
- She has the right to receive sensitive and gentle treatment from hospital staff.
- She has the right to refuse collection of evidence.
- She has the right to request tests for V.D. and pregnancy.

The Court Proceedings



The District Attorney's Office and the Victim-Witness Assistance Program

If a suspect is caught and a case against the suspect proceeds to court, the survivor, and possibly you, will be subpoenaed to testify as witnesses at a preliminary hearing. A subpoena is a court order requiring your attendance in court on a certain date and time. Please read the subpoena carefully and be certain to appear at the place, date, and time noted. If you have any

It is unlikely that the same attorney will present the case from the first proceeding through the final sentencing.

questions or problems about the subpoena, call the District Attorney's Office or the Victim-Witness Assistance Program.

It is always best to call the District Attorney's Office or the Victim-Witness Assistance Program (see **Resources** section) the day before your appearance is required. They can advise you of any delays in the proceedings, preventing unnecessary trips.

In court, it will not be the Survivor vs. the Rapist. She is a witness. The "People of The State" prosecute the suspect because the suspect is charged with committing a criminal act under the penal codes of the state. The attorney prosecuting the case against the suspect is a Deputy of the District Attorney's Office. It is unlikely that the same attorney will present the case from the first proceeding through the final sentencing. The survivor has the right to have her own attorney present for advice if she wishes.

The preliminary hearing is generally a short process in which only the basic details of the crime are disclosed. It must be established that the assault occurred and that there is reason to believe that this suspect did it.

Between the preliminary hearing and the actual trial, many delays may occur; most are requested by the Defense (the attorney representing the suspect). It is not uncommon for a long time (up to a year) to elapse before the trial actually begins. Very few cases actually go to jury trial because many suspects plead "guilty" after the preliminary hearing. In these cases, the preliminary hearing may be the only appearance required of the survivor because guilt is clearly established by the suspect.

Should a trial occur, the case is usually decided by a jury based upon witnesses' testimony and any physical evidence. For a suspect to be convicted, the jury must decide that the suspect is guilty "beyond reasonable doubt". As such a decision is being made, the defense attorney has the right to ask the survivor certain probing questions. The attorney may suggest that there is a mistake in the identification of the suspect. Or he may suggest that the survivor is lying for some reason. If so, the defense attorney is appropriately representing the suspect. A sentencing hearing may follow the trial. This is an open, public hearing. You or the survivor may want to attend.

In an effort to feel more comfortable in the courtroom and to have a better understanding of the criminal proceedings, you may wish to contact the **Victim-Witness Assistance Program** at the District Attorney's Office. Advocates from this program assist witnesses to feel at ease in the courtroom. They may arrange for the survivor to visit the courtroom prior to the court date in order to get acquainted with the setting.

Order of Events in a Criminal Proceeding:

- the survivor files a crime report with law enforcement;
- she looks at mugshots or assists in making a composite picture;
- a suspect may be arrested;
- the survivor will then identify the suspect in a line-up;
- law enforcement presents the case to the district attorney;
- the survivor will be interviewed by the District Attorney's Office;
- you may also be interviewed by the District Attorney's Office;
- the district attorney decides whether there is enough admissible evidence to issue a formal complaint;
- the suspect is arraigned in Municipal Court (the survivor usually would not be required to attend, as this is the first court appearance of the suspect);

- if the suspect pleads not guilty, a preliminary hearing is set and the survivor may be subpoenaed to testify at this hearing; it should take place 10 days after the suspect is arrested;
- if the Municipal Court judge at the preliminary hearing decides there is enough evidence for a trial, the case may go to Superior Court;
- the suspect is arraigned in Superior Court or, if he pleads guilty, the suspect is convicted and sentenced;
- pre-trial hearing (your attendance is not necessary);
- trial;
- acquittal or sentencing.

Can I File a Civil Suit on Behalf of the Survivor?

You may be unhappy with the criminal proceedings. You may want to sue the suspect for damages on behalf of the survivor. You may want to file a civil suit before, during, or after the criminal proceedings. As her conservator you may do so. Unlike the criminal proceedings, which require testimony and evidence showing the suspect as guilty "beyond a reasonable doubt", the civil proceedings only require "a preponderance of evidence". You will have to retain a private attorney or, if you are seeking no more than \$1,500.00, you can go to Small Claims Court. The survivor herself may want to consider initiating a civil suit. If the survivor was assaulted in an area such as a parking lot and there is evidence that the owner did not take due care in making the area reasonably safe, she may be able to sue for negligence. Discuss these matters with an attorney.

The Survivor's Rights in Court

- to attend all proceedings which are not closed to her as a witness or to the public;
- to have her own attorney present during the proceedings;
- if she is a minor, to testify in closed chambers or to have her parents excused from the courtroom during her testimony;
- to sue the suspect in civil proceedings. (Note: when the suspect is convicted under penal code, a civil suit for money damages is won when filed. There is no defense. Financial obligation will follow the perpetrator anywhere in the United States.);
- to make application for reimbursement through Victims of Violent Crimes Compensation (see **Resources** section) for certain legal expenses;
- to have copies of relevant documents or correspondence;
- to be informed of the parole date and release from jail if the assailant is found guilty and sent to prison. (She may have to make inquiry herself, however.);
- to have someone with her (a friend, relative, advocate, etc.) on occasions such as at police lineup identifications or Superior Court proceedings;
- not to be asked questions about prior sexual experience with anyone other than the defendant.

Who Pays for This?

The victim of a violent crime may ask the State of California for reimbursement for any costs as a result of any medical, emotional treatment or financial losses suffered as a result of that crime, even if the physical and emotional problems do not develop immediately.

If the survivor (or someone in her behalf) reports the crime to a law enforcement agency, she can file for "Victims of Violent Crimes Compensation" for those expenses that are not reimbursed by a third party (e.g., an insurance company). The first source for reimbursement of emergency room costs is any medical or

hospital insurance she may have, such as Medi-Cal, Medi-Caid or Medicare, or a private insurance plan. The cost of the evidence collection is paid for by the law enforcement agency and should not, therefore, appear on the hospital bill. To apply for compensation from the state, contact your local office of Victim-Witness Assistance Program (see **Resources** section).

In addition to helping the survivor keep documentation of all her expenses, be sure to keep copies of all bills, receipts, and cancelled checks to document the claim.



UNDERSTANDING YOUR OWN FEELINGS

You and the survivor may discover many new and uncomfortable feelings. You both have been through a traumatic experience and may need to sort out your reactions. We presented those of the survivor in **Rape Trauma Syndrome** (page 4), but discuss some you might have in this section.

The experience of sexual assault has different meanings for each person. No one knows precisely how they will react, but rape crisis counselors have found that most people experience the sexual assault of a

Many families and friends of survivors feel as frightened and powerless as the survivor.

close friend or family member as a severe emotional and physical violation, even though they themselves were not raped. This is because the experience is "too close". Rape is a violent act of domination and humiliation in which the survivor is without power or free will. As a consequence, many families and friends of survivors feel as frightened and powerless as the survivor. You may be reminded of your own vulnerability and share the survivor's sense of having lost control over her life, or a sense of shock and disbelief.

Restoring feelings of control is important. By acting as an advocate on behalf of the survivor you can regain some sense of control in the world.

Those close to the survivor frequently experience depression, or may have nightmares. Some women suddenly fear being alone; yet others may find themselves feeling afraid to be in crowds. All of these are common reactions.

These feelings can occur one or many at a time. They can come and go. Some people try to block out the painful memories; others need to repeatedly talk about their experience. It may be important for you to talk about your experience. Do not be deceived into thinking that, because you were not the **direct** victim of the crime, your feelings are not important. The way you feel will affect the level of your caring. For instance, people often perceive the survivor as somehow having contributed to the rape. An advocate might share this misconception and so experience guilt feelings. If the advocate knew the assailant, she may feel guilty because she was not able to foresee or stop the

assault. If you are feeling this way, it is important to remember that:

- it was not your fault. No one invites rape;
- a sexual assault is the only crime in which the survivor may be treated as the accused. This tendency, in turn, may lead to implied guilt of the "person in charge" in order for others to reduce their own feelings of vulnerability or guilt;
- men should stop their sexual overtures when a woman says "No". When a man forces a woman, his motive is domination, not sex. In order to achieve it, he will ignore a woman's protests, and force her to engage in sexual activities against her will;
- we cannot always know who can be trusted. We can all be tricked at some time.

A sexual assault is the only crime in which the survivor may be treated as the accused.

Misconceptions

Misbeliefs and stereotypes further victimize the survivor. To help create the most caring environment possible, it is, therefore, important to dispel misconceptions which the survivor and those around her may hold.

Here are some misconceptions society holds about sexual assault of people with disabilities. Some members of the disabled community may also believe these.

MISCONCEPTION: Women with disabilities are unlikely victims because no one would attack someone with disabilities.

TRUTH: An attacker is looking for easy targets. Certain populations are automatically perceived as victims. These include women, children, the elderly, and the disabled.

MISCONCEPTION: Women and men with disabilities are not attractive. Therefore, they would not be chosen for sexual assault.

TRUTH: Women and men of all ages, abilities, and appearances are sexually assaulted. Rape has nothing to do with sexual attraction, but is an act of violence, domination, and humiliation.

MISCONCEPTION: Women with disabilities are safer because they often have people around them who help and protect them.

TRUTH: Assaults are often committed by persons known by or close to the victim. Sixty percent of rapes in the non-disabled community are committed by acquaintances and 50% of families are affected by domestic violence. According to the Seattle Developmentally Disabled Rape Relief Project, 99% of the perpetrators of sexual exploitation were previously known to the victim.

MISCONCEPTION: Women with disabilities are lacking in physical affection; therefore, they "ask for it".

TRUTH: No matter what our personal sexual issues and desires are, no one "asks" to be raped or assaulted.

MISCONCEPTION: Women with disabilities are completely vulnerable to assault and unable to defend themselves.

TRUTH: All people have disabilities of some kind or another. **Self-defense is learning what you individually can and cannot do to protect yourself.**

Taking Care of Yourself and the Survivor

Many survivors and their "significant others" (advocates, family, close friends) have found it helpful to talk to **rape crisis counselors**. They are trained to listen and they understand the many feelings that are part of the rape trauma syndrome. You can find the telephone numbers of **rape crisis hotlines** in the **Resources** section of this booklet. (You can find your local hotline by calling Information).

You might also contact a **sex and disability professional** who has experience working with disabled survivors of sexual assault. Some are listed by name and you may locate others by contacting the professional organizations listed at the end of the **Resources** section. Ask for a mental health practitioner who is AASECT (American Association of Sex Educators, Counselors & Therapists) certified in sex counseling or education, and who has experience with disabled people.

Finally, remember that **both you and the survivor** may have psychological, physical and emotional reactions to the rape, and that you have the right to have these reactions considered normal behavior under the circumstances.

How Will Her Family React?

Her family will struggle with many feelings of their own, just as she is struggling with hers. They are probably not familiar with post-traumatic stress disorder or "rape trauma syndrome", and **so are probably as well informed, or misinformed, as the general population.** Therefore

- They may view sexual assault as a sex crime rather than a crime of violence, and this misinformation needs to be corrected.
- They may mistakenly blame you or her or themselves for the assault.
- They may believe that not talking about feelings will make the feelings go away.
- They may find it difficult to listen when the survivor needs to talk about feelings.
- They may be tempted to make decisions for the survivor (e.g., reporting or not reporting to the police), or may become over-protective, and want to make drastic changes in the survivor's daily life routine.
- They may want to keep the assault a secret out of guilt or shame.
- They may want the survivor to "get over this quickly", and become upset with the long-term effect of the assault.
- They may want to seek revenge on the assailant, and enter into behaviors that are dangerous for them, thus scaring the survivor into thinking that she may become doubly victimized (e.g., with family members hurt or in jail).

- They may not know how to sensitively ask questions, and may inadvertently hurt the survivor's feelings in their effort to be supportive.
- They may, on the other hand, provide the best support possible for the survivor.

After a sexual assault, survivors have mixed feelings about telling friends and family. The survivor will be extremely sensitive to how they respond to her after the disclosure. Yet it is very important for her to have a support system that will be **understanding** and **sensitive** to her needs and most often this is her family and closest friends. Caution must be taken to avoid a rush toward over-protectiveness, which reduces the survivor's self-esteem at a time when she needs support to feel strong and capable.

The family and friends will need support also. Rape hotline counselors are available to support family and friends as well as the survivor. Their feelings of fear, anger, confusion, guilt, or powerlessness are normal. Counselors can assist in dealing with these feelings, and in answering questions about medical, legal, or other issues. They can also help in guiding the family in how to behave around the survivor.

While making it clear that the fault lies with the assailant, remember that often this is someone known to the survivor. It is normal to feel *angry*, but angry threats about what should happen to the assailant might cause the survivor to feel guilty or scared about having accused the assailant. More than anything else, the survivor needs support, comfort and love, now and in the future. The most important things for family members are: 1) to receive some counseling to sort out their own feelings; 2) get some good information about sexual assault; and 3) support the survivor as she progresses through weeks, months, and perhaps years of recovery.

It should be explained to the family that the survivor may not act as though she is emotionally upset. It may be helpful to get her into counseling. Counseling or just talking to a friend will help her identify some of her feelings **and may also take some pressure off the family**. Counseling might help her handle those feelings. The participation in individual and group counseling can go a long way towards speeding her recovery. However, her family should be told not to force her to talk about the experience if she does not want to. Instead, they should let her know that they will be there when she is ready.

She may be particularly traumatized if in addition to the rape, the assailant threatened her. She may have exaggerated symptoms of fearfulness, nightmares, lack of communication with others, inability to regain prior

stability. She will require a great deal of patience and reassurance. It is important, again, that the family not make promises they cannot keep ("I'll make sure nothing happens to you", etc.).

Assault by Someone Known to the Survivor

The assailant might be an acquaintance, co-worker, friend-of-a-friend, social contact, workshop supervisor/counselor or staff member, bus driver, special

Being assaulted by an acquaintance does not alter the fact that an assault has occurred.

services provider (psychologist, speech therapist, occupational therapist, physician, psychiatrist, physical therapist, etc.). He might be someone she barely recognizes, or someone she knows quite well.

Many survivors mistakenly believe that because they agreed to meet their assailant, accepted a ride, or stopped for a casual conversation, that they are to blame for the assault. Being assaulted by an acquaintance does not alter the fact that an assault has occurred. It is important to remember that the attacker, not the victim, is responsible. No one either asks for such violence or deserves such violence.



When the survivor has been assaulted by someone she knows, she will have some special concerns—

- She may find people less likely to believe her.
- She may find others less likely to understand what happened.
- She may doubt her own ability to judge others.
- She may find it difficult to trust others.
- She may be afraid to see her assailant again.
- She may be afraid of how she will act if she sees the assailant.
- She may have doubts about telling others even though she wants to warn other women.
- She may have a reluctance to report to the police.

The feelings that rape survivors frequently express such as shame, guilt, fear, disbelief, are often stronger in the case of acquaintance rape.

Counselors at rape crisis hotlines and centers understand the reality that many women are assaulted by men known to them. The survivor can depend upon being believed at these centers.

Feeling Safe Again

There are sections in the companion booklets which outline things one can do to try to avoid an assault. Go over these suggestions with the survivor; talk with her about her rights, and let her practice saying "No".

Women and men can and do avoid sexual assaults. By helping people understand the difference between "good" and "bad" touching, you are helping them to avoid exploitative situations and you are, therefore, helping them take care of themselves.

It may help the survivor regain confidence and feel safe again if she attends some self-defense or assertion classes. You could suggest that her family and friends take a class with her.

***Let her practice
saying
"No".***



Resources (Who Can Help?)

Rape Hotlines

The following is a list of 24-hour rape hotlines which can provide you, the advocate, with information and support:

ADULT PROTECTIVE SERVICES . . . 1-213-974-1234
ANTELOPE VALLEY 1-805-945-3933
CENTRAL LOS ANGELES
 (L.A.C.A.A.W.) 1-213-626-3393
CHILD ABUSE LISTENING LINE . . . 1-213-828-2255
CHILD PROTECTIVE SERVICES (Child abuse
 hotline) Dial "O" and ask for Zenith 21234
CLAREMONT 1-714-626-HELP
COMPTON 1-213-979-NEED
DOWNEY, S.E.L.A. 1-213-862-8185
EAST L.A. (24 hr; spanish available) 1-213-262-0944
HERMOSA BEACH, SOUTH BAY
 (24 hr; spanish available) 1-213-545-2111
IRVINE 1-714-830-6111
LAGUNA 1-714-546-3715
LONG BEACH 1-213-597-2002
LOS ANGELES COUNTY
 (L.A.C.A.A.W.) 1-213-392-8381
LOS ANGELES 1-213-855-3506
ORANGE 1-213-596-5548
PACIFIC ASIAN RAPE & BATTERING LINE
 (24 hr; Chinese, Japanese, Korean,
 Philippino & Vietnamese speaking
 counselors available). 1-213-653-4042
PASADENA 1-818-793-3385
POMONA 1-714-626-HELP
RIVERSIDE 1-714-686-7273
SAN BERNARDINO 1-714-882-5291
SAN FERNANDO VALLEY 1-818-708-1700
SANTA ANA 1-714-836-7400
SANTA MONICA 1-213-319-4000
SIMI VALLEY 1-805-529-2255
SOUTH BAY 1-213-545-2111
SOUTH CENTRAL 1-213-295-HOPE
SOUTH ORANGE 1-714-831-9110
SOUTHEAST LOS ANGELES 1-213-862-8185
THOUSAND OAKS 1-805-497-0704
VENTURA 1-805-656-5225



Mental Health Centers

The following are agencies who say that they counsel sexual assault survivors with disabilities.

NOTE: Los Angeles Commission on Assaults Against Women has transcribed the original version of *SURVIVOR* into large print, Braille and onto cassette. Call (213) 655-4235 for information on how to obtain copies.

"Y" means "Yes, serves persons in designated categories".

"N" means "No, does not serve these persons".

"N/A" means "Agency never has, but would be willing to".

AGENCY	Developmentally Disabled	Non-Verbal	Severely Speech Impaired	Physically Disabled	Wheel Chair Accessibility	Hard of Hearing or Deaf	Staff Can Sign	Interpreters Paid for by Agency	Visually Impaired or Blind	Other languages
1. RAPE RESPONSE CENTER (213) 885-3506 WEST HOLLYWOOD *PARTIAL SITE ACCESSIBILITY	Y	Y	Y	Y	*	N	N	N	N/A	
2. ALMA FAMILY SERVICES (213) 223-1411 EAST LOS ANGELES	Y	Y	Y	Y	Y	N	N	N	N	Spanish
3. BENJAMIN RUSH CENTER (213) 390-6612 WEST LOS ANGELES *AT SEPULVEDA SITE ONLY	N	N/A	N/A	Y	*	Y	N	Y	Y	
4. CENTER FOR INTERPERSONAL STUDIES (213) 474-2207 WEST LOS ANGELES	N	N	Y	Y	Y	N	N	N	Y	
5. COMMUNITY FAMILY GUIDANCE CENTER (213) 924-5526	Y	Y	Y	Y	Y	N	N	N	Y	Spanish
6. CRIME VICTIM CENTER (213) 388-3399 LOS ANGELES	Y	N/A	N/A	Y	Y	Y	N	N	Y	
7. EAST LOS ANGELES MENTAL HEALTH CENTER (213) 258-8432	N	N	N	Y	Y	N	N	Y	Y	
8. EL CENTRO COMMUNITY MENTAL HEALTH CENTER (213) 725-1337 EAST LOS ANGELES	N	N/A	N	Y	Y	N	N	N	Y	
9. FAMILY SERVICE OF LOS ANGELES (213) 484-2944 *ONLY IN SAN PEDRO	Y	N/A	Y	Y	N*	Y	N	Y	Y	

AGENCY	Developmentally Disabled	Non-Verbal	Severely Speech Impaired	Physically Disabled	Wheel Chair Accessibility	Hard of Hearing or Deaf	Staff Can Sign	Interpreters Paid for by Agency	Visually Impaired or Blind	Other languages
10. FOOTHILL FAMILY SERVICES (818) 795-6907 SAN GABRIEL VALLEY *NOT BATHROOMS & TELEPHONES	N/A	N/A	N/A	Y	*	Y	N	Y	Y	
11. FORTE FOUNDATION (818) 788-6800 VAN NUYS	Y	N/A	N/A	Y	Y	N	N	N	Y	
12. FRIENDS OF THE FAMILY (818) 988-4430 VAN NUYS *NOT BATHROOMS & TELEPHONES	N	N	N	Y	*	N	N	N	N	
13. HARBOR GENERAL HOSPITAL (213) 533-3142 *NO SPECIALLY TRAINED STAFF	Y*	Y	Y	Y	Y	Y	N	Y	Y	Spanish, Cantonese, German, Mandarin, Indian dialects
14. LA PUENTE MENTAL HEALTH CENTER (818) 961-8971 *ONLY IF REFERRED BY REGIONAL CENTER **NOT BATHROOMS	Y*	Y	N	Y	**	Y	Y	Y	Y	
15. LONG BEACH MENTAL HEALTH CENTER (213) 599-9280 *NOT BATHROOMS & TELEPHONES PRIMARILY GROUP COUNSELING	Y	Y	Y	Y	*	N	N	N	Y	Spanish, French, Cambodian, Vietnamese, Loation
16. LOS ANGELES HUMANISTIC COUNSELING SERVICES *NOT BATHROOMS	N/A	N/A	N/A	Y	*	N	N	N	Y	
17. LOS ANGELES WOMEN'S THERAPY CENTER (213) 935-9889	N/A	N	N	N	N	N	N	N	Y	
18. NORTHRIDGE HOSPITAL (818) 885-8500 TDD (818) 885-5350 NO LONG TERM COUNSELING	Y	Y	Y	Y	Y	Y	N	Y	Y	
19. PASADENA MENTAL HEALTH CENTER (818) 798-0907	N/A	N/A	N/A	Y	Y	Y	Y	N	Y	

AGENCY	Developmentally Disabled	Non-Verbal	Severely Speech Impaired	Physically Disabled	Wheel Chair Accessibility	Hard of Hearing or Deaf	Staff Can Sign	Interpreters Paid for by Agency	Visually Impaired or Blind	Other languages
20. PSYCHIATRIC CLINIC FOR YOUTH (213) 549-3252	Y	N/A	Y	Y	N	N	N	N	Y	Spanish
21. RAPE TREATMENT CENTER OF SANTA MONICA (213) 319-4000	Y	N	N/A	Y	Y	Y	N	Y	Y	
22. ST. JOHN'S CHILD STUDY CENTER (213) 829-8921 SANTA MONICA ASK FOR CHARLIE PACE OR KEVIN REILLY *NOT BATHROOM. ENTER AT BACK.	Y	Y	Y	Y	*	Y	Y	Y	Y	Spanish
23. SAN PEDRO MENTAL HEALTH (213) 519-6101	Y	N	Y	Y	Y	N	N	N	Y	Spanish, Punjabi, French, Portugese
24. SOUTH BAY CHILD GUIDANCE CLINIC (213) 328-0855	N	N	N	Y	N	N	N	N	Y	Spanish Hebrew
25. SOUTH BAY MENTAL HEALTH CENTER (213) 412-2291 *NOT TELEPHONES	Y	N	N/A	Y	*	N	N	N	Y	Spanish, Korean, Chinese
26. SOUTH BAY THERAPEUTIC CLINIC OF INGLEWOOD (213) 973-7830	N	N	N	Y	Y	N	N	N	N	
27. THE BEVERLY HILLS COUNSELING CENTER (213) 556-4610 *NOT BATHROOMS **LIMITED	Y	Y	Y	Y	*	Y	**	N	Y	Spanish, Hebrew
28. WILMINGTON MENTAL HEALTH (213) 549-4554	Y	Y	Y	Y	Y	Y	N	N	Y	Spanish

Individuals Who Provide Rape Counseling

1. Nora J. Baladerian, Ph.D., M.F.C.C.
(213) 391-2420
West Los Angeles

Special Areas: developmental disabilities (mental retardation, cerebral palsy, autism); physically disabled; wheelchair users; severe speech impairment; non-verbal. Also Spanish speaking. Certified sexuality counselor and educator.

2. Carol Gill, Ph.D.
(818) 905-7627
San Fernando Valley

Clinical Psychologist (with a disability). Offices wheelchair accessible. Specialist in issues of sexuality and disability, including vulnerability and self-defense.

Individuals Who Provide Rape Counseling (Continued)

3. Lillian Horwitz, L.C.S.W.
(213) 479-7938
West Los Angeles
Experience with persons who have developmental disabilities, severe speech impairment, are non-verbal, and those who use wheelchairs.
4. Sheryl Kaplan
TDD (818) 985-9622
Voice (818) 366-7686
San Fernando Valley
Director of Rape Counseling Services for the Deaf. Provides counseling, information and referral, and support and training.
5. Dan Kramon, Ph.D.
(213) 475-9039
West Los Angeles
Experienced in assault treatment. Fluent in American sign language. Also consults with superior court on violent crimes and disability.
6. Annie Wagner Lampl, M.A., M.F.C.C.
(213) 207-4347
West Los Angeles
Special Areas: blind/visually impaired, either prior to or as a result of the attack. Also serves persons with other types of disability.
7. Karen Lutteke
Community Clinic
(714) 494-9428
Laguna Beach
Provides counseling and rape crisis intervention. Also provides self-defense training for developmentally disabled persons.
8. Barbara Waxman, B.A.
(213) 392-1577
Provides information counseling on sexuality and disability, particularly advocacy services.
9. Marsha Weinstein, L.C.S.W.
(213) 397-6452
West Los Angeles/San Fernando Valley
Special Areas: developmental disabilities.
10. Linda Whittaker, L.C.S.W.
(714) 871-9264 or 871-8668
Orange County
Specially trained in sexual assault and developmental disability.

Special Services:

For the Hearing Impaired

Saint John's Mental Health Center for the Deaf
(213) 829-8536
TDD 829-7451
Santa Monica

San Fernando Valley Rape Crisis Service
(818) 366-7686 (Voice: ask for Carol)
(818) 985-9622 (TDD ask for Sheryl)

For Those with Physical Disabilities

Westside Community for Independent Living
(213) 390-3611

Call here for a center for Independent Living close to you. Ask for the Information and Referral Specialist.

For the Sight Impaired

Braille Institute of Los Angeles
(213) 663-1111 (ask for Annie)

The institute has copies of the original version of *Survivor* in braille and on cassette.

For Information and Referrals

Info Line: in Los Angeles - (213) 686-0950

Mental Health Consultants

(213) 391-2420
Culver City
(Also has training programs)

Other Organizations

1. American Association of Sex Educators,
Counselors & Therapists
District I Chair: Harvey Caplan, M.D.
Serves: Arizona, California, Hawaii,
Nevada
(415) 461-0244
173 Vista Grande
Greenbrae, CA 94904
For other states contact main office:
Eleven Dupont Circle N.W., Suite 220
Washington, DC 20036
(202) 462-1171
 2. Committee on Disabilities
500 W. Temple St., Rm. 383
Los Angeles, CA 90012
(213) 974-1053
 3. Committee on the Sexuality of the De-
velopmentally Disabled
58 Diablo Creek Place
Danville, CA 94526
San Diego Area: Toni Davies
(619) 299-5008
Los Angeles Area: Nora Baladerian
(213) 391-2420
San Francisco Area: Lynne Stiggall
(408) 354-0821
San Francisco Area: Don Simons
(415) 820-6815
Sacramento Area: Patty Blomberg
(916) 428-4086
Humboldt County Area: Phil Way
(707) 445-1523
 4. Counseling and Psychotherapy Referral
Service of the National Association of
Social Workers
(213) 852-4769
 5. Los Angeles Chapter of California Associ-
ation of Marriage and Family Therapists.
Referral Service called "Westside Coun-
seling and Referral Affiliates"
(213) 207-2020
 6. Los Angeles Chapter of California State
Psychological Association
(213) 477-0449
 7. Mayor's Office for the Handicapped
Computerized Information Center for the
Disabled
City Hall, Room 2100
Los Angeles, CA 90012
(213) 621-2281 or (213) 485-4103
-

Self-Defense

Los Angeles Commission on Assaults
Against Women
543 N. Fairfax Avenue
Los Angeles, CA 90036
(213) 651-3147 call for local referral

Victim Compensation and Assistance

Los Angeles City:

Victim/Witness Assistance Center
Los Angeles City Attorney's Office
1600 City Hall East
200 North Main St.
Los Angeles, CA 90012
(213) 485-6979

Los Angeles County:

Victim/Witness Assistance Center
Los Angeles County District Attorney's
Office
210 W. Temple, #12-311
Los Angeles, CA 90012
(213) 974-7499

At the State level:

The Office of Criminal Justice Planning
Victim's Assistance
1130 K Street, Suite 300
Sacramento, CA 95814
(916) 324-9140

The State Board of Control
Victim's Compensation
926 J Street, Suite 300
Sacramento, CA 95814
(916) 322-4426

Suggested Reading

General

Burgess, A.W., Groth, A.M., Holmstrom, L.L., & Sgroi, S. Sexual Assault of Children and Adolescents. Lexington, MA: D.C. Heath & Co., 1978

Chipouras, C. & Cornelius, H. Who Cares? A Handbook on Sex Education and Counseling Services for Disabled People. Sex and Disability Project, George Washington University, 1979

Chotiner, N. & Lehr, W. (Eds.). Child Abuse and Developmental Disabilities. New England Developmental Disabilities Communication Center, 1976

Ferreira, S. & Hughes, K. Table Manners: A Guide to the Pelvic Examination for Disabled Women and Health Care Providers. Planned Parenthood Alameda/San Francisco, California Office of Family Planning, 1982

Gil, Eliana, Ph.D., The California Child Abuse Reporting Law: Issues and Answers for Mental Health Professionals, 1983. Available from State Department of Social Services.

Heger, Asterid. Indicators of Child Sexual Abuse, 1985

Kempe, C.H. et al. The Battered Child Syndrome. Journal of the American Medical Association. '81 (1962):17-24

O'Day, B. Preventing Sexual Abuse of Persons with Disabilities. Minnesota Program for Victims of Sexual Assault, 1980

Ryerson, E. & Roeseler, M. Teacher Training Manual Sexual Exploitation of Handicapped Students. Seattle Rape Relief, Developmental Disabilities Project, 1983. Copies available from Seattle Rape Relief Project, 1820 S. Jackson, Suite 102, Seattle, WA 98144. Tel. (206) 325-5531

Turnbull, H. (Ed.). Consent Handbook. Washington, DC: American Association on Mental Deficiency, Special Publication #3, 1977

Tymchuk, A., Baladerian, N.J. Answers to Questions Adolescents Ask About Sex. Sandahl Associates, 1979

Whitcomb, D. Assisting Child Victims of Sexual Abuse (for Special Needs Victims). Aspen Publications, 1982

Family Planning Services for Disabled People. U.S. Dept. of Health and Human Services, Publication No. (HSA) 81-5639, 1981

Self-Defense

Delacoste, Frederick & Newman, Felice. Fight Back: Feminist Resistance to Male Violence. Cleis Press, Minn., 1981

King County Rape Relief, Top Secret: Sexual Assault

Information for Teenagers Only, King County Rape Relief, 305 South 43rd, Renton, WA 98055, 1982

Super Kids, R.C.N., Lutheran Social Service of Washington, My Very Own Book About Me!, N. 1226 Howard, Spokane, WA 99201 (For children under 10)

Tegner, Bruce & McGrath, Alice. Self-Defense for Your Child, Thor Publishing, Ventura, 1976

Tschirhart Sanford, Linda. Come Tell Me Right Away, c/o 123 Sutherland Road, Brookline, MA 02146, 1982. (For parents or guardians of young children).

Contributors

LINDA ANDRON, L.C.S.W., UCLA Neuro Psychiatric Institute

MARION AROM, Ph.D., Psychologist, Beverly Hills Counseling Center

PATTY S. BLOMBERG, Psychology Instructor, Sacramento City College; Family Life and Disability Consultant

ELVIS BOZARTH, Parent Advocate and President, Committee on Sexuality for the Developmentally Disabled, Inc.

GERALDINE DeCOHEN, Administrator, Owner, Mount Sinai Guest Homes

JAKE DONOVAN, Human Rights Coordinator, Department of Developmental Services, State of California

LAWRENCE J. FAIT, Attorney at Law/Client Rights Advocate, Regional Center of Orange County

PAULA FIEBERT, L.C.S.W. Supervisor, Homes Services Unit, Regional Center of Orange County

DOLPH FURSEE, Consultant, Humboldt Area Foundation

NOLA GEFNER-MIHLSTEN, M.S., Child Abuse Prevention Specialist, LACAAW

ROSALINDA LOPEZ

ALOHA PEPPER, Careprovider for the Developmentally Disabled

CAROL PORTER

JERRY RATH, First Vice-President, California Committee on the Sexuality of the Developmentally Disabled

JACKIE SIDMAN, Reading Specialist

DOROTHY SIMMER

NANCY SIMMER

ROBERT SIMMER

DONALD E. SIMONS, L.C.S.W., School Social Worker, San Ramon School District

LYNNE STIGGAL, Private Consultant, Sexuality and Developmental Disabilities, Stiggal and Associates

BARBARA FAYE WAXMAN, Consultant, Social Policy and Disability

LINDA SMITH WHITTAKER, L.C.S.W., Private Practitioner

BETTY WILSON, City of Los Angeles, Mayor's Office for the Handicapped

Glossary

HOW WORDS ARE USED IN BOOKLETS I AND II

ADVOCATE—Someone who helps another

ASSAILANT—The person who sexually hurts others (assault or rape)

ASSAULT—To attack and hurt another

ASSERT—To stand up for yourself

BOWEL MOVEMENT—Do poop

COMPENSATION—Money

CONSENT—To give permission; to say "It's O.K."

CRIME—When the law has been broken, and someone has been hurt

CRISIS COUNSELORS—Special counselors who help in an emergency

DISTRICT ATTORNEY—The lawyer who works for the county and is on your side

DOUCHE—To wash out the vagina

EVIDENCE—Things that show a crime happened

FILE A CASE—To take a crime to court

FORCES—Makes someone do something by hurting or scaring them

GONORRHEA—A kind of sickness you can get by sexual touching

INCEST—Sex between people who are related, like parents, grandparents, brothers and sisters

JUDGE—The man in charge of the court

JURY—A group of 12 people chosen to decide if a crime happened

LAW—The rules in the city or state that you have to obey . . . when you don't obey the law, the police will be called

MOLESTATION—When a person touches your private parts and you don't want him to

OFFENDER—A person who breaks the law

PERIOD—The blood which comes from your vagina every month

PRIVATE PARTS—The sexual body parts; includes the penis and testicles of a man, the breasts, vulva and vagina of a woman, and the anus of both. See pages 14 & 15 in booklet I, page ____ in booklet II

RAPE—Forcing a person to do sex

RAPE HOTLINE—A telephone service you can call after a rape to get counseling and the name of a place you can go for more counseling

RIGHT—It means that you get to choose what you want, and others have to go along with your choice

SELF-DEFENSE—Something you learn to protect yourself

SENTENCE—How long the offender spends in jail; the punishment given to a criminal

SEXUAL—Having to do with sex . . . either the sex act or body parts

SHOCK—When you don't feel anything at all or too much at once

SPECULUM—A tool the doctor uses to look into the vagina . . . usually it is made of plastic or of metal

SUBPOENA ("SUPEENA")—A note from court that says you have to be there

SURVIVOR—Someone who was a victim and is doing things to be in charge of her life and get back to normal

SUSPECT—The person who the police think broke the law

SYPHILIS—A kind of sickness you might get from sexual touching

TESTIFY—Speaking in court

URINATE—Pee

VENEREAL DISEASE (V.D.)—A kind of disease you can only get by sexual contact (see Gonorrhea, Syphilis)

VICTIM—Someone who was attacked

VICTIM ADVOCATES—Special people who help crime survivors when they are at the hospital, with the police, and in court

VICTIM OF VIOLENT CRIME COMPENSATION—Money to pay hospital and counseling bills

VICTIMS OF VIOLENT CRIMES PROGRAM—A State program which helps pay for your costs that are a result of the crime . . . like hospital and counseling expenses

WITNESS—Someone who saw the attack. The victim is a witness.

Please Help Us Help Others.

This booklet was designed to assist the caretakers of sexual assault survivors at a critical time. We are requesting your help in improving the material. We need your honest comments.

- I.** The following is a list of sections which make up the booklet. Please indicate on the scale how useful each section was to you by circling the number closest to your feelings.

	Did Not Read	Not Very Useful	Moderately Useful	Very Useful
Definitions	0	1	2	3
Statistics	0	1	2	3
Warning Signs	0	1	2	3
Rape Trauma Syndrome	0	1	2	3
How to Respond to a Disclosure	0	1	2	3
If You Are the First Person She Tells	0	1	2	3
Confidentiality	0	1	2	3
Reporting Assaults	0	1	2	3
The Police	0	1	2	3
At the Hospital	0	1	2	3
Body Chart	0	1	2	3
The Court Proceedings	0	1	2	3
Who Pays For This?	0	1	2	3
Understanding Feelings	0	1	2	3
Glossary	0	1	2	3
Resources	0	1	2	3

- II.** Please answer each of the following questions, circling either YES, NO, or NOT APPLICABLE.

1. Did you find this booklet helpful?	YES	NO	N/A
2. Did this booklet give you new information on financial compensation?	YES	NO	N/A
3. Did this booklet help you find community resources or individual referrals where you could seek help?	YES	NO	N/A
4. Do you plan to use these resources?	YES	NO	N/A
5. Did this booklet help you understand police and court procedures?	YES	NO	N/A
6. Was the crime reported to law enforcement?	YES	NO	N/A
7. Did this booklet adequately describe the importance of medical follow-up?	YES	NO	N/A
8. Did the survivor receive satisfactory treatment in the emergency room?	YES	NO	N/A
9. Did you gain a better understanding of the survivor's rights from this booklet?	YES	NO	N/A
10. Did this material assist you in understanding and dealing with the Rape Trauma Syndrome?	YES	NO	N/A
11. Before reading this information, were you fully aware of the misconceptions about sexual assault?	YES	NO	N/A

III. Please answer the following questions.

1. What did you find most helpful in this booklet? _____

2. What did you find least helpful? _____

3. The information presented was: ☐ too much ☐ too little ☐ just right
4. How many other people have read your booklet? _____
5. Is there any important information we left out? _____

6. This booklet was given to me at _____

(Please tear out page, fold on dotted lines and mail.)



*Los Angeles Commission on Assaults Against Women
Women's Center at Council House
543 North Fairfax Avenue
Los Angeles, CA 90036*

For information on how to obtain further copies write to:

Los Angeles Commission on Assaults Against Women
543 North Fairfax Avenue
Los Angeles, CA 90036

or call (213) 655-4235

SURVIVOR is available in Spanish, Chinese, Vietnamese,
Japanese, Korean, Large Print and Braille.

not special edition

Prepared by
Los Angeles Commission on
Assaults Against Women
which operates

•

Los Angeles County
Rape & Battering Hotline
and
Central Los Angeles
Rape Hotline

•

*Major Funding has been
provided by:*
California Community Foundation
The Henry Bull Foundation
The Hoffman Foundation

• LACAAW •